



**The Commonwealth of Massachusetts
Executive Office of Public Safety and Security**

Office of Grants & Research
Research and Policy Analysis Division
Ten Park Plaza, Suite 3720
Boston, Massachusetts 02116

Electronic Control Weapons (ECW) Use Reporting Form

Calendar Year 2018

Agency Name:

Brockton

Name of Chief, Commissioner, or Agency Head:

CHIEF JOHN CROWLEY

Name of Individual Completing Report:

LT CHRISTOPHER LAFRANCE

Contact Telephone:

Ext.

(508) 897-5381

Contact Email:

CLAFRANCE@BROCKTONPOLICE

Date Submitted: mm/dd/yyyy

07/24/2018

| Semi-Annual Reporting Period | Time Period | Report Due Date |
|--------------------------------------|----------------------------------|------------------|
| <input checked="" type="radio"/> 1st | January 1, 2018 – June 30, 2018 | July 31, 2018 |
| <input type="radio"/> 2nd | July 1, 2018 – December 31, 2018 | January 31, 2019 |

Important!

- Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004.
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs during this semi-annual reporting period only.
- Submit the completed report to ecw@MassMail.State.MA.US or fax it to Katie Sharkey at 617.725.0260.
- Contact Katie Sharkey by phone (617.725.3311) or via email (ecw@MassMail.State.MA.US) with any questions or concerns.

PART I. AGENCY INFORMATION

1. How many sworn officers were in your department at the end of this reporting period?
Include all part-time, full-time, reserve and other officers employed by your department.

190

2. How many sworn officers have completed the approved training program for ECWs to date?
Include all part-time, full-time, reserve and other officers employed by your department.

60

3. How many ECWs does your department own?

8

4. How many sworn officers who have completed the approved training program for ECWs carried ECWs during this reporting period?
Include all part-time, full-time, reserve and other officers employed by your department.

60

5. How many ECW involved incidents occurred during this reporting period?

10

- See next page for definition of an *ECW incident*.
- If no incidents occurred, report a value of zero (0) leave remaining questions blank.
Submit entire form.

STOP

PART II. INCIDENT LEVEL INFORMATION

DEFINITIONS FOR SECTION II

ECW Incident

- An event in which an officer (or a group of officers) issued a warning and/or deployed an ECW on a single subject.

ECW Contact

- Each individual officer's deployment, warning, or display of an ECW towards a single subject.

Example: Four officers respond to one call and only one officer issues a warning and a second officer deploys a weapon on a single subject. This would be one incident and two contacts (e.g., 1 and 1b).

ECW Warning Types

- **Verbal/visual warning** – any spoken words or display of the ECW that would indicate to a subject that an ECW may be used. This warning can include:

1) Any direct wording to a subject indicating or implying that an ECW will be used:

Example: Displaying ECW and shouting, "Stop!"

2) Any indirect wording that a subject may overhear indicating or implying that an ECW is about to be deployed.

Example: A warning to other officers that an ECW is about to be deployed: "Taser, Taser, Taser"

- **Laser warning** - laser function of the ECW is utilized as a warning.
- **Spark warning** - spark function of the ECW is utilized as a warning.

ECW Deployment Types

- **Probe Deployment** – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- **Stun Deployment** – the drive stun function of the ECW is utilized.



| EX | Incident Number | Weapon Serial Number List the serial number of the OW weapon that was involved. | Weapon Color Indicate the color of the OW device. | Date of Incident List the date the incident occurred. | Warning Was an OW warning given at any point during the incident? | Verbal/Written Warning | | Laser Warning | | Spark/Warning | |
|----|-----------------|--|--|--|---|--|--|---|---|--|--|
| | | | | | | a. Weapon verbal/ written warning given? | b. Did subject submit to visual warning? | a. Weapon laser warning given? | b. Did subject submit to laser warning? | a. Weapon spark/ warning given? | b. Did subject submit to spark/ warning? |
| 1 | 2 | 3 | 4 | 5 | 6 | Yes | No | Yes | No | Yes | No |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| EX | 1 | XX12345 | Yellow | 01/02/2015 | Yes | Yes | No | No | No | No | No |
| EX | 1b | C23456 | Black | 01/02/2015 | No | No | No | No | No | No | No |
| EX | 2 | 11234DE | Yellow | 02/05/2015 | Yes | No | No | Yes | Yes | Yes | Yes |
| 01 | 1 | X30000H62 | Yellow | 01/12/2018 | No | | | | | | |
| 02 | 2 | X30002EF7 | Yellow | 02/15/2018 | Yes | Yes | No | No | No | No | |
| 03 | 3 | X30001D95 | Yellow | 02/18/2018 | Yes | Yes | No | No | No | No | |
| 04 | 4 | X30004W7P | Yellow | 03/01/2018 | No | | | | | | |
| 05 | 5 | X30000H4W | Yellow | 04/28/2018 | No | | | | | | |
| 06 | 6 | X30002EF7 | Yellow | 05/07/2018 | No | | | | | | |
| 07 | 7 | X30002EF7 | Yellow | 05/21/2018 | No | | | | | | |
| 08 | 8 | X30004W7P | Yellow | 06/13/2018 | No | | | | | | |
| 09 | 9 | X30000H24 | Yellow | 06/15/2018 | Yes | Yes | No | No | No | No | |
| 10 | 9A | X30000H48 | Yellow | 06/15/2018 | Yes | Yes | No | No | No | No | |
| 11 | 10 | X30007E3X | Yellow | 06/27/2018 | Yes | Yes | No | No | No | No | |

| 1. Identification | | 2. Prior Deployments | | 3. Subsequent Deployments | | 4. Subject Sex | | 5. Subject Race | | 6. Subject Date of Birth | |
|---|--|--|--|--------------------------------------|--|--------------------------------------|--|---|--|--------------------------|--|
| a. Indicate the number of prior deployments | | b. Indicate the number of subsequent deployments | | c. Did subject complete deployments? | | d. Did subject complete deployments? | | e. With the exception of Hispanic or Latino, consider all race categories as being of non-Hispanic origin | | f. Unknown | |
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Need more pages?

Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.

